

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ADOPT-A-HIGHWAY PERMIT APPLICATION

TR-0103 (REV. 6/2002)

Page 1 of 2

PERMIT NO.
DIST/CO/RTE/PM

PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification to inspect all personal information in any record maintained on the individual by an identifying particular.

ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 653-3657 or TDD (916) 654-3890 or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

FOR CALTRANS USE (Date Received)

PERMISSION IS REQUESTED TO ENCROACH ON THE STATE HIGHWAY RIGHT OF WAY AS FOLLOWS:

Please call 1-866-ADOPTAHWY for assistance in completing this form.

APPLICATION TYPE (Check One)

- ☐ New Adoption
 ☐ Adoption Renewal
 ☐ Waiting List Placement

ADOPTION TYPE

- ☐ Litter Removal
 ☐ Seedling Tree and Shrub Planting ¹
☐ Graffiti Removal
 ☐ Wildflower Planting and Vegetation Control ¹
☐ Vegetation Control ¹
☐ "Spot" Wildflower Planting ¹ (*Spot" adoption participants receive no sign.)
☐ Recognition Panel Replacement. (Contractors only. Panels must be approved by the Department.)
☐ Other, describe: _____

NOTE: Applications for new adoptions and adoption renewals will not be processed until required support documents have been received.

¹ Plans and schedules are required. If herbicides will be used, a Pest Control Recommendation is required and the applicator must submit proof of appropriate licensing or certification by the Department of Pesticide Regulation.

ADOPTION SITE LOCATION (Waiting list applicants: please enter desired locations on page 2.)

COUNTY	ROUTE	POSTMILE RANGE	DIRECTION(S) <input type="checkbox"/> North Bound <input type="checkbox"/> South Bound <input type="checkbox"/> East Bound <input type="checkbox"/> West Bound
BEGINNING POST MILE DESCRIPTION (Landmark, cross street, etc.)			END POSTMILE DESCRIPTION (Landmark, cross street, etc.)

APPLICANT INFORMATION

ORGANIZATION/BUSINESS NAME

DOUBLE PERMIT

☐ Check if applicant is a contractor. (See reverse for insurance and license requirements.)

PRIMARY CONTACT (Unless otherwise notified, Caltrans assumes that the primary contact is the group's safety leader)

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

ALTERNATE PHONE NUMBER

FAX

E-MAIL

ALTERNATE CONTACT (Required)

☐ Check if alternate contact is the group's safety leader.

ALTERNATE CONTACT'S PHONE NUMBER

WORK WILL BE PERFORMED BY

- ☐ Volunteers over the age of 18
 ☐ Volunteers over the age of 16
 ☐ Hired Contractor (name) _____

NO ONE UNDER ☐ 18 ☐ 16 YEARS OF AGE IS ALLOWED TO PARTICIPATE ON STATE RIGHT-OF-WAY. ____ (Initials)

AUTHORIZED SIGNATURE The undersigned agrees that work will be done in accordance with Caltrans rules and regulations and subject to inspection and approval. The Adopt-A-Highway Program and it's courtesy signs are not a forum for advertisement or public discourse.

SIGNATURE OF PRIMARY CONTACT

DATE